Doc Code:

FEE TRANSMITTAL for FY 2007

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($)	$810.00

Complete if Known

Application Number	10/791,603
Filing Date	03/02/2004
First Named Inventor	Jasmine Chennikara
Examiner Name	YOUNG, Janelle N.
Art Unit	2618
Attorney Docket No.	APP 1477

RECEIVED
CENTRAL FAX CENTER
APR 0 9 2008

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit   Deposit Account Number: ___021822___   Deposit Account Name: ___Telcordia Technologies___

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	Small Entity Fee ($)	SEARCH FEES Fee ($)	Small Entity Fee ($)	EXAMINATION FEES Fee ($)	Small Entity Fee ($)	Fees Paid($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims Fee ($)	Fee Paid ($)
__14__ - 20 or HP =	_____ x	__$50.00__ =	__$0.00__		

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
__2__ - 3 or HP =	_____ x	__$200.00__ =	__$0.00__

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	__0__ / 50	__0__ (round up to a whole)	x __$250.00__ =	__$0.00__

4. OTHER FEE(S)

Non-English specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE Fee 1.17(e)

Fee Paid ($)
$810.00

SUBMITTED BY

Signature	*[signature]*	Registration No. (Attorney/Agent)	27328	Telephone	732-699-7997
Name (Print/Type)	Philip J. Feig			Date	April 9, 2008